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Charlotte as the location of the
Medical School of N.C.



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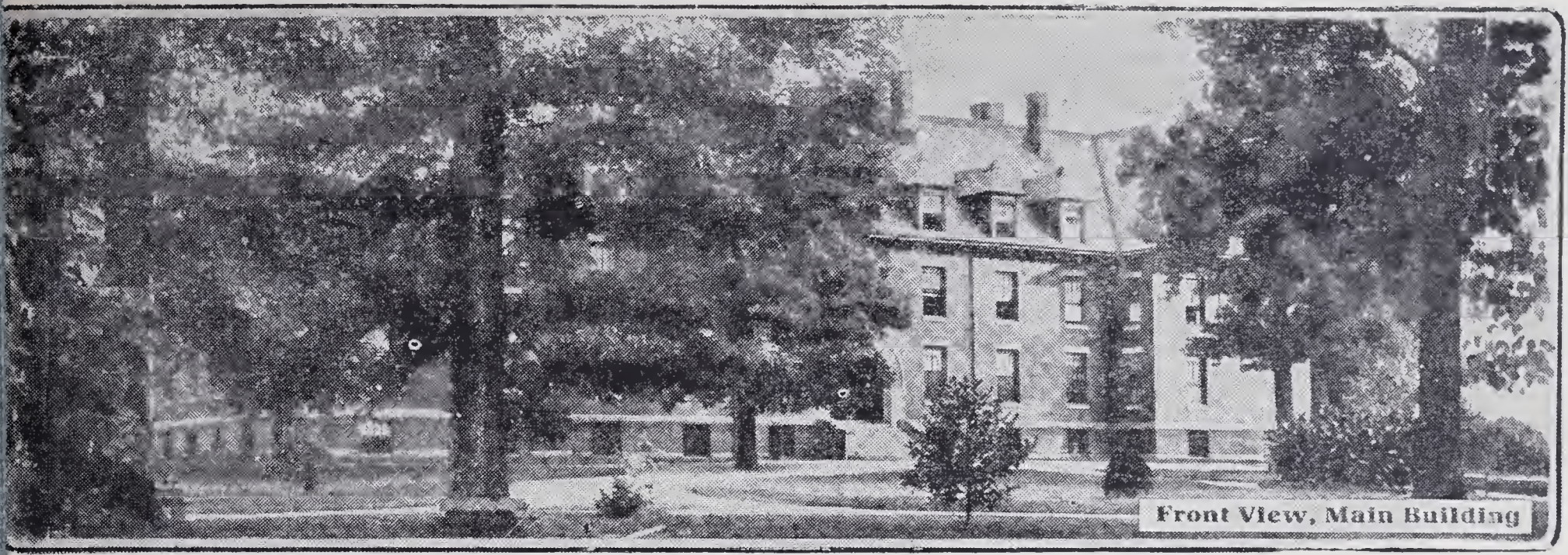
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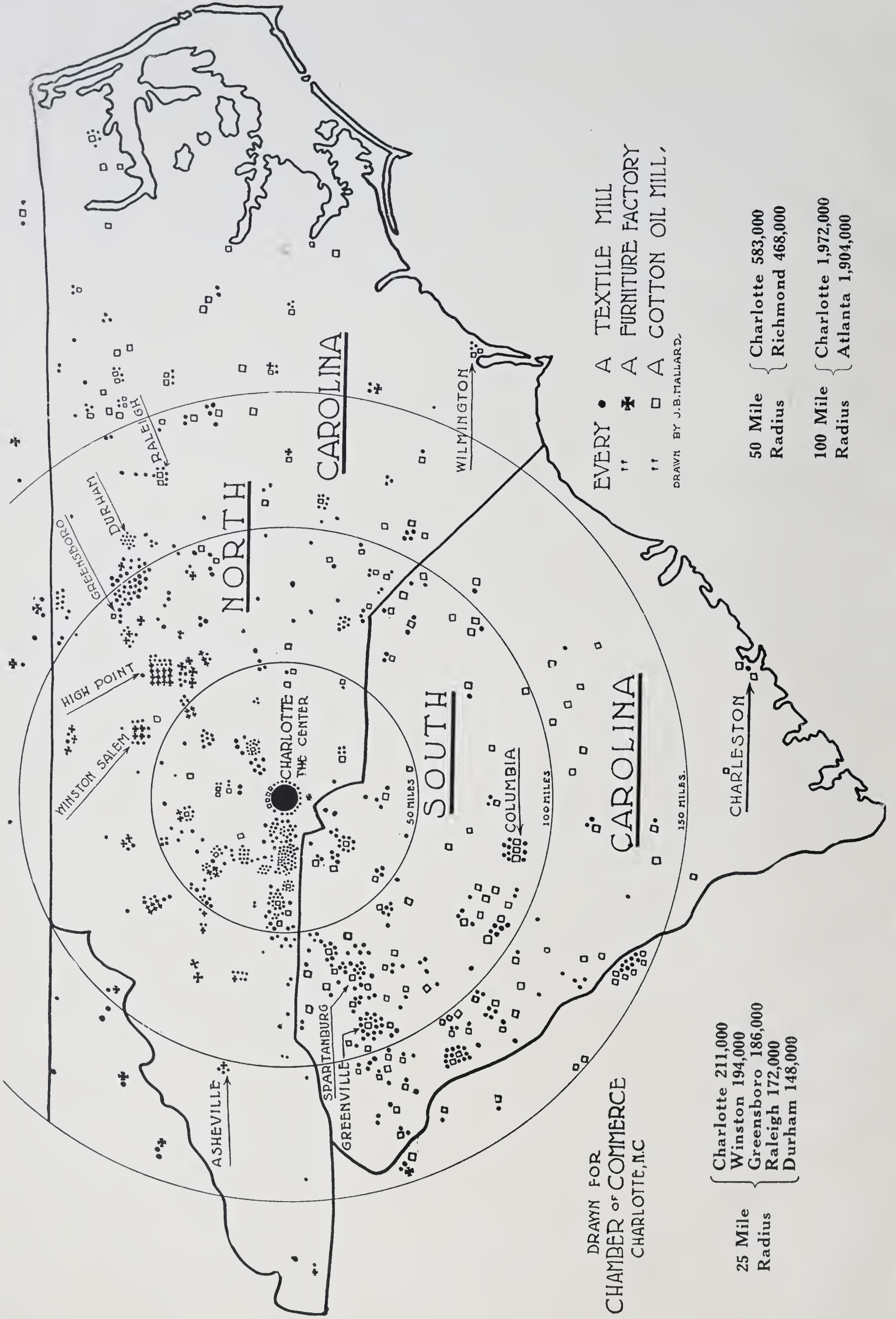
THE PROPOSED SITE OF THE MEDICAL SCHOOL
(THE PRESBYTERIAN HOSPITAL)

CHARLOTTE

AS THE LOCATION OF THE
CLINICAL YEARS OF THE

Medical School of North Carolina

PREPARED AND PUBLISHED BY
THE CHAMBER OF COMMERCE



Charlotte as the Location of the Clinical Years of the Medical School of North Carolina

THE CHARLOTTE CHAMBER OF COMMERCE of the City of Charlotte presents the following facts and arguments in support of its petition that the clinical years of the proposed North Carolina Medical College be placed in the City of Charlotte:

The supreme consideration in deciding on the location of the clinical years of a medical school, are: 1st, amount and variety of clinical material, and 2nd, the ability of local physicians to furnish such assistance as the school authorities may desire in connection with teaching. In both of these regards we respectfully submit that Charlotte surpasses any other possible location in the State.

The Clinical School of Medicine, in order to be prepared to teach and to heal, to bless and to serve, must be planted where its needs can be met. We shall here demonstrate that Charlotte can be expected to supply the essential resources for such a school. Here is offered the location where need and resource can best meet.

I. Charlotte's Clinical Material

In considering a given location and its possibility as a clinical material producing territory, consideration should be given both to the number of inhabitants and their character; that is to say, whether or not they are the kind of people who will be likely to patronize a charitable or semi-charitable hospital and out-patient clinic and allow themselves to be used for clinical study. According to the latest directory, Charlotte and the territory closely adjacent thereto and which is considered a part of the city, has a population of 61,000. There is an interurban car line leading through the industrial section of Mecklenburg and Gaston Counties, making about 54,000 additional persons accessible to the hospital and out-patient department by cheap electric car transportation. Three systems of railroads enter Charlotte, and railroad tracks come in from eight different directions, and more than 100 passenger trains enter and leave the city every day. Also there is a veritable net work of good roads around the city and leading to adjacent towns, which have great industrial populations. Patients from every section of the region may be brought to Charlotte quickly and comfortably. Within a radius of twenty-five miles of Charlotte, according to the official United States Census, there live 211,425 people; within a radius of fifty miles of Charlotte there lives 583,000 people, which is 115,000 more than the number living within a like distance of Richmond. Within 100 miles of Charlotte, there is a population of 1,972,000, which is 68,000 more than the population within the same distance of Atlanta, Ga.

The United States Census Bureau reports as of January 1, 1920, the following populations within the stated distances of the following cities:

Twenty-Five Miles Radius—Charlotte, 210,000; Winston, 194,000; Greensboro, 186,000; Raleigh, 172,000; Durham, 148,000.

Moreover, Charlotte is the center of this territory—the commercial center, the banking center, as well as the center of the greatest hydro-electric power development in the United States, with its attendant industrial expansion. And Charlotte is now the acknowledged medical center of this vast industrial region. It is not simply located in the center of this region, but is the hub toward which all this region gravitates.

The population which will furnish the greatest amount of clinical material is the industrial population accessible to the hospital and out-patient department by electric car lines. It is well enough to consider the accessibility by rail and motor transportation. It is true that a large number of people in moderate circumstances have automobiles, but it is an undeniable fact that the people who will patronize the hospital and the out-patient department will be largely of the class which does not have money to spend purchasing automobiles or paying taxi fare. The out-patient department will be chiefly dependent on persons who can come on the electric cars. Of course, every one knows that persons attending an out-patient department are persons with minor ailments, and they will not be willing to come any great distance by automobile or train. Also, we believe that persons who will be useful for teaching purposes in the hospital will necessarily be persons who will come on the car. The hospital clinic must have a large number of persons who have acute and infectious diseases. Persons with these diseases cannot come any great distance by automobile or rail. They require immediate transportation. Consequently, while we are advancing the net work of good roads and railroads as a persuasive argument, we believe that the outstanding fact which makes the population in and adjacent to Charlotte available for clinical purposes, is the electric car lines reaching all parts of the city and extending out through Mecklenburg and into the mill sections of Gaston County. Even if we disregard altogether the territory served by the interurban system which leads into Charlotte, we are convinced that the inhabitants of the City of Charlotte and its immediate suburbs will furnish unaided a wealth of clinical material which will be amply sufficient to supply the hospital and out-patient department.

Ten years ago there was located in Charlotte the North Carolina Medical College, which conducted an out-patient clinic. This out-patient clinic had an average of 60 persons per day. When we realize that in these ten years Charlotte and territory immediately adjacent thereto have increased enormously in population, it will be seen that a college and out-patient clinic serving only Charlotte and its adjacent territory could easily furnish many more than the required 100 patients per day.

The Health Department of the City of Charlotte now operates a charity clinic and it has an average of seventy-five patients per day. In this connection, it must

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be remembered that this is run as a municipal clinic with all its drawbacks and limitations. Patients outside the county are refused treatment. There is no effort made to develop the clinic and it is looked upon merely as a method for taking care of the city's indigent. Therefore many patients are discouraged from applying. This clinic is not adequately housed. The city Health Officer gives it as his opinion that it could be easily enlarged and probably doubled if proper encouragement were given to persons attending it. A clinic of double this size could easily be developed by a University Hospital.

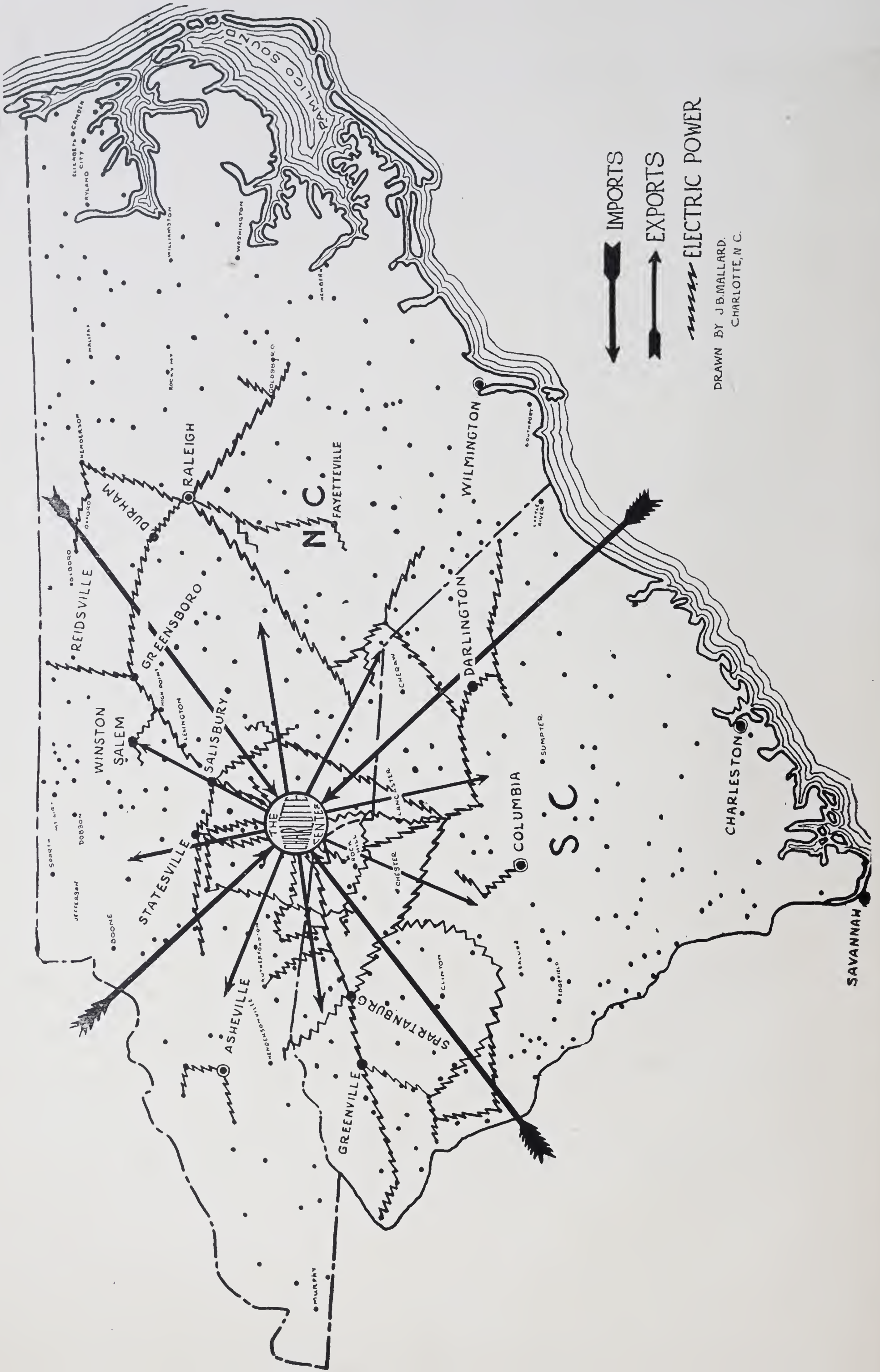
The American Medical Association puts down as one of the requirements for a Medical College, the necessity of having an out-patient clinic with an average of 100 patients per day. The foregoing facts about the old North Carolina Medical College and the present-day municipal clinic clearly demonstrate that with any sort of care, attention and organization, a college clinic would be attended by anywhere from 100 to 200 persons per day coming from Charlotte itself. As the present municipal clinic is managed, little attention is paid to many of the specialties, such as Eye, Ear, Nose and Throat, Neurology, Gynecology, etc.

CHARLOTTE'S PRESENT HOSPITAL FACILITIES

There are at present seven hospitals in Charlotte, with a capacity of 365 beds, as follows :

	1911	1921
Presbyterian Hospital -----	42	93
Charlotte Sanatorium -----	48	78
St. Peter's Hospital -----	40	65
Mercy General Hospital -----	16	45
Charlotte Eye, Ear, Nose and Throat Hospital ----	--	30
Tranquil Park Sanatorium -----	--	25
Good Samaritan Hospital -----	15	24
Total -----	161	360
Patients in Hospital -----	3,600	8,212
Surgical -----	2,500	4,808
Medical -----	1,100	3,404
Practitioners -----	42	108
Specialists -----	8	60

In 1921 there were admitted to the Charlotte Hospitals 8,212 patients, and of this number 40 per cent came from outside of Mecklenburg County. This demonstrates that Charlotte is already a medical center fully capable of maintaining



IMPORTS

EXPORTS

ELECTRIC POWER

DRAWN BY J.B. MALLARD.
CHARLOTTE, N. C.

a teaching hospital of 200 beds. Besides the quantity of clinical material, the question of variety is of considerable moment. Of the 8,200 hospital patients in Charlotte last year, 4,808 were surgical cases, and 3,404 were medical cases of sufficient gravity to be in bed for study or treatment.

In addition to the persons who are confined in hospitals in Charlotte, it must also be borne in mind that there are an enormous number of persons who receive treatment from physicians in Charlotte that do not go to the hospital. We do not mean to say that all of the persons who are confined in hospitals in the City of Charlotte, or all of the persons who receive treatment at the hands of Charlotte physicians will be available for clinical study, but we think it perfectly sound argument to say that 20 per cent of this number would be available in connection with the hospital and out-patient department of the University Medical College, and any unusual case at any time could be used for teaching purposes. In such clinics as G. U. and surgery 50 to 60 per cent of private patients are available for teaching purposes.

The patients who are in the medical college hospital must be selected as to the diseases from which they are suffering and consequently it is absolutely essential that the territory surrounding the hospital be such as will furnish a mixed variety of every known kind of physical disease and ailment in proper proportion in order that the clinical training of the students may be well rounded. The primary object of this hospital is not to furnish charity for certain of North Carolina's indigent, but to furnish the young doctors of North Carolina with typical cases of every known disease and ailment; the hospital should have such a clientel as the young doctor would expect to have in after life. The hospital should have:

OBSTETRICAL MATERIAL

The American Medical Association lays down the following as its standard for a Medical College in reference to obstetrics:

"At least six maternity cases should be provided for each senior student, who should have actual charge of these cases under the supervision of the attending physician. Careful records of each case should be handed in by each student."

It is reasonable to assume that when the Medical College becomes firmly established it will have an average of fifty seniors per year. This would require 300 maternity cases. Charlotte can easily furnish this number of maternity cases, as evidenced by the following figures:

In 1921 there were born in the City of Charlotte 1,769 babies and 714 additional babies were born in the county, making a total of 2,483.

It is certain that about 500 of these would be available for clinical study. We

are here not taking into consideration the material which would also be available by reason of the development of such a department in the school and by reason of the proximity of industrial centers, such as Belmont, Mount Holly, Lowell and other mill towns which are nearby and served by the electric interurban. These cases are available for study during the entire course of their pregnancy, in view of the fact that they are all within easy reach of the proposed Medical College by car line, all of them being within a maximum ride of 50 minutes and most of them being within a ride of 20 to 30 minutes.

There is also in Charlotte a Maternity Home run by the Florence Crittenton Board. This Board has an average of 50 mothers and 22 babies. There is a possibility that this material might be available. At least the rare operative cases could probably be used. There is also soon to be a Detention Home for Delinquent Women. This would furnish material for gynecologic and obstetrical work.

PEDIATRICS MATERIAL

There are two children's homes in Charlotte containing 113 children at present and an infirmary of 22 beds for infants under four years of age is now in process of construction. There are four physicians in Charlotte who are specializing in pediatrics and their work is developing this field in Charlotte very rapidly, and they have a number of referred cases which would also be available for study.

ORTHOPEDIC MATERIAL

The only orthopedic hospital between Baltimore and Atlanta is the State supported institution at Gastonia, which is within 50 minutes' ride of Charlotte by train, electric car or automobile. This fact shows that at no other place in North Carolina would it be possible for the students to get such a wealth and variety of training in orthopedics as would be available in this hospital which is so close to Charlotte.

NERVOUS AND MENTAL CLINICS

There is a nervous and mental disease hospital in the City of Charlotte of 25 beds. The patients in this hospital together with the patients in the general hospitals of the city would furnish a proportionate variety of cases of this nature for study.

EYE, EAR, NOSE AND THROAT CLINICS

The only eye, ear, nose and throat hospital in the South will be completed in Charlotte by the end of the current year. This hospital will have 30 beds and will be equipped with all of the latest apparatus for treatment of diseases of these organs. To indicate the great variety of diseases in this line of work in Charlotte, there were 2,500 tonsil and adenoid operations in 1921. There are 13 physicians

in the City of Charlotte who are specializing in eye, ear, nose and throat work, resulting in Charlotte's already having become one of the great eye, ear, nose and throat centers in the entire South.

GENITO-URINARY AND SKIN DISEASES

The largest private clinic specializing in genito-urinary and skin diseases in the South is located in Charlotte. One of the leading medical educators of North Carolina was recently heard to say that this clinic was the third best genito-urinary clinic in the United States, being surpassed only by Hopkins and Mayo. There are connected with this clinic eight physicians. In the year 1921 this clinic treated an average of 100 patients per day. In addition to the cases treated in this private clinic, the City Health Department had 2,343 venereal cases under treatment in the year 1921.

TUBERCULAR CLINIC

The city maintains a tuberculosis clinic, and on January 1, 1921, it had under treatment 402 tubercular patients. During the year 366 new cases were examined at the clinic, 140 being discharged as not tubercular, leaving 628 cases of tuberculosis under treatment during 1921. This clinic is conducted in connection with the Charlotte Co-Operative Nurses' Association, and during the year 1921 these nurses paid 2,311 visits to these tubercular patients. Arrangements are now being made to build the first unit of a tuberculosis hospital which unit will cost about \$20,000.00. Mecklenburg County levies an advalorem tax of two cents on the one hundred dollars valuation to assist in the erection and maintenance of this hospital. This entire material will be available for teaching purposes.

CLINICAL PATHOLOGY

Clinical Pathology has reached a high state of development in the Charlotte hospitals under the unitary direction of an eminent pathologist whose original investigations are well known to the medical profession. For a number of years he has been training laboratory technicians and sending them out to other parts of the State.

CLINICS FOR TREATMENT OF DEGENERATIVE DISEASES

The usual County Home of 100 beds is available for the study of chronic diseases and those incident to old age.

X-RAY AND RADIUM

Remarkable development is now taking place in Charlotte in X-Ray work. There are already 12 X-Ray machines in Charlotte. One clinic is preparing to install a deep therapy machine of the most modern type. In this clinic, in addition

to their X-Ray machines for diagnostic and treatment purposes, there is a supply of radium for the treatment of appropriate cases.

GENERAL SURGERY

There are 15 surgeons in Charlotte, four of these being recent arrivals. In 1921 these 11 surgeons performed 4,808 major operations, exclusive of numerous minor operations and treatment of ambulatory cases.

GYNECOLOGY

There are five men in Charlotte who do principally gynecological surgery. This indicates a high development of this branch of surgery which would furnish a large clinic to the Medical School.

The Home for Delinquent Women would add materially to this clinic.

INTERNAL MEDICINE

In 1921 there were 3,404 medical cases hospitalized in Charlotte. There are eight physicians specializing in internal medicine, with an average of 5,000 cases per year.

ACUTE DISEASES, INCLUDING CONTAGIOUS AND INFECTIOUS

In 1921 there were in Charlotte many cases of diphtheria, typhoid, pneumonia, scarlet-fever, whooping-cough, measles and mumps. This indicates a wealth of acute diseases that could be utilized for immediate study. Most of these cases could not be transported because of the State laws requiring quarantine.

GASTRO-ENTEROLOGY

Gastro-enterology is represented by two specialists who have a large clinic and devote themselves exclusively to disease of the stomach, intestines and bile tract.

PUBLIC HEALTH WORK

There are three whole-time public health officers carrying on the work of the City and County, and the quality as well as the scope of this work would afford valuable practical training in both urban and rural public health activity in meeting the Southern climatic and racial health problems.

II. Charlotte's Medical Personnel

When the proposition of placing the last two years of the Medical School in Charlotte was first discussed with President Chase and Doctor Manning, they were given definitely to understand that the University authorities would not be embar-

passed by the local medical profession seeking professorships. The University is free to import a complete whole or part-time faculty, as may seem best. All clinical medical schools, however, must have a clinical, adjunct, or assistant teaching staff, varying from 26 at the University of Virginia to 269 at the College of Physicians and Surgeons in New York City. Should the school be placed at Chapel Hill, these instructors will have to be employed for their whole time; should the school be placed in Charlotte, such instructors could be largely recruited from the local profession. Charlotte has a greater number of medical men and men in a greater variety of special branches of medicine than any other city of North Carolina. There are here the following specialists:

General Surgery -----	11	Clinical Pathology -----	3
Internal Medicine -----	8	X-Ray -----	3
Gynecology -----	3	Obstetrics -----	4
Neurology -----	2	Gastro-Enterology -----	2
Pediatrics -----	4	Tuberculosis -----	1
Orthopedic Surgery -----	1	Anaesthesia -----	5
Psychiatry -----	2	Rectal -----	1
Ophthalmology -----	2	Health Officers -----	3
Genito Urinary -----	7	Hospital Administration -----	2
Skin and Syphilis -----	2	Radium Therapy -----	1
Eye, Ear, Nose and Throat -----	11		

Among the physicians listed above are many of the men who composed the faculty of the North Carolina Medical College. This college was in existence for eight years and these men obtained teaching experience during the time of their connection with this college. Some of the clinics enumerated above not only specialize in subjects, but the different divisions of these specialties have been highly developed. For example, in one of the eye, ear, nose and throat clinics, it appears there is an ophthalmologist and bronchoscopist in addition to two specialists who are following the ordinary line of work. In another genito-urinary and skin clinic, the work is likewise divided and highly specialized. In this clinic more urethral stones have been removed consecutively without operation than in any other like clinic in the world.

In Charlotte the men devoting themselves to internal medicine are equipped with all the modern contrivances for diagnostic work and therapeutic activities, including not only the X-Ray apparatus but the only Electro-Cardiograph in the State, besides machines for making metabolism estimations.

There are 15 members of the College of Surgeons in the City of Charlotte, which is probably twice as many as can be found in any other town in the State.

The entire clinic in Charlotte is highly developed, one man alone having

operated upon 503 goitres. This clinic is more highly developed than any similar clinic in North Carolina.

Other outstanding medical facts might be enumerated, but the Chamber of Commerce is only bringing forward specific facts to make its claim good. The Charlotte profession is not desirous of being paraded or claiming its superiority, but the honest desire is being made to set forth what Charlotte's assets really are.

MEDICAL LIBRARY

The Charlotte Medical Library has been in existence for about ten years. It has several hundred volumes. It is primarily a Journal Library. It has bound copies of 30 of the leading Medical Journals. Some of these have been completed by filling in back numbers. These bound medical journals are one of the greatest assets to the student of medicine. The Library is growing every year.

THE MECKLENBURG MEDICAL SOCIETY

The Mecklenburg County Society has most of the doctors in the county as members. It meets twice each month. Its meetings average about 40 members. The papers presented are scientific and well prepared. Men of prominence are often invited to read papers. In fact it is taken as an index of the idealistic and scientific spirit dominating the profession of Charlotte.

PROFESSIONAL BUILDINGS

Charlotte has two Medical Buildings. There is the Medical Building, with offices for about 15 doctors. There are only physicians in this building. There is in process of erection, to be finished about the first of 1923, the Professional Building. This is to cost \$240,000. It will have 157 offices. It will be open to physicians, dentists and medical and surgical supply stores.

III. Finances

Charlotte offers a 100 bed hospital, located upon a magnificent site. The appraised value of this property is ONE HALF MILLION DOLLARS. The real estate comprised in this offer amounts to ten acres, is located on a high hill and overlooks the entire city. It is in the midst of the residential section and is closely connected with the heart of the city by a double track car line, having 7½ minute service.

To equip the last two years of a medical school will require, in the matter of buildings, a 200 bed hospital, in which should be class rooms, laboratories, museum, library, and dispensary. Dr. Manning's report estimated the cost of hospital construction at \$3,500.00 a bed, so that such buildings at Chapel

Hill would cost from \$750,000.00 to \$1,000,000.00. Charlotte is ready to offer a 100 bed hospital already in operation, with a separate nurses' home on the site.

The cost of maintaining hospitals is about \$3.50 a day per patient wherever located. The cost of maintaining 200 patients constantly in Chapel Hill will necessarily fall almost entirely on the State, as sick people will not pay for the privilege of going to a small, out-of-the-way village for medical or surgical service unless such service is admittedly far superior to that nearer their home. Will the University be able to employ better medical men or surgeons than those in the neighboring towns of Durham and Raleigh? Should the hospital be located in Charlotte, the pay-patients will furnish a considerable part of the expense of hospital maintenance. The income of the Presbyterian Hospital for 1921 was \$125,000.

The cost of maintaining a medical faculty in Chapel Hill means full time heads of from 12 to 20 departments as there can be no half-time men in Chapel Hill, an idea relied on in the previous report in estimating the cost of a Medical Faculty at Chapel Hill at \$50,000.00.

There would have to be as the lowest estimate for a meagre school heads of departments of:

- | | |
|----------------------------|------------------------------|
| 1. General Surgery | 7. Eye |
| 2. Orthopedic Surgery | 8. X-Ray and Radium |
| 3. Gynecology | 9. General Medicine |
| 4. Obstetric | 10. Therapeutics |
| 5. Skin and Genito Urinary | 11. Neurology and Psychology |
| 6. Ear, Nose and Throat | 12. Pediatrics |

No provision is made in this list for any teacher of public health, serology, immunology, gastro enterology, tropical medicine, clinical microscopy, etc., and no provision is made for research workers of any sort, nor for assistants and many subjects are lumped together, such as skin and genito urinary. One State University in a small city last year spent \$20,000.00 on the Skin Department alone.

With \$50,000.00 as previously estimated, these 12 professors would each receive \$4,166.00 a year. As a matter of fact no school can run on 12 teachers; Columbia, for instance (1921), had 91 professors and 269 instructors and assistants; a total of 360. The University of Michigan has 38 professors and 62 associates at Ann Harbor, population 19,516; the University of Virginia has 19 professors and 26 instructors at Charlottesville with 10,688 population; the State University of Iowa has 35 professors and 27 lecturers at Iowa City, population 11,267.

Thus the University of North Carolina will need something between the 19 professors of Virginia and the 91 of Columbia and between the 26 assistants of Virginia and the 269 of Columbia, and as these men will need entire support at Chapel Hill, any estimate below \$150,000 would hardly give a sufficient faculty.

IV. Charlotte's Wealth and Liberality

Charlotte's Bank Clearings at close of business, September 14, 1922 (as reported to the Federal Reserve Bank by Charlotte Clearing House Association) amounted to \$7,620,650.00; on September 15, 1922, her banking assets were \$38,387,072.99; the deposits in her banks, \$30,567,612.23; her banking capital and surplus was \$7,819,460.76. The 1922 taxable value of her property was \$85,000,000.00 in round figures, and the 1922 City budget provides for an expenditure of \$892,771.24. The assessed value of the taxable property of Mecklenburg County for 1922 is approximately \$125,000,000.00, and the County's budget is approximately \$950,000.00.

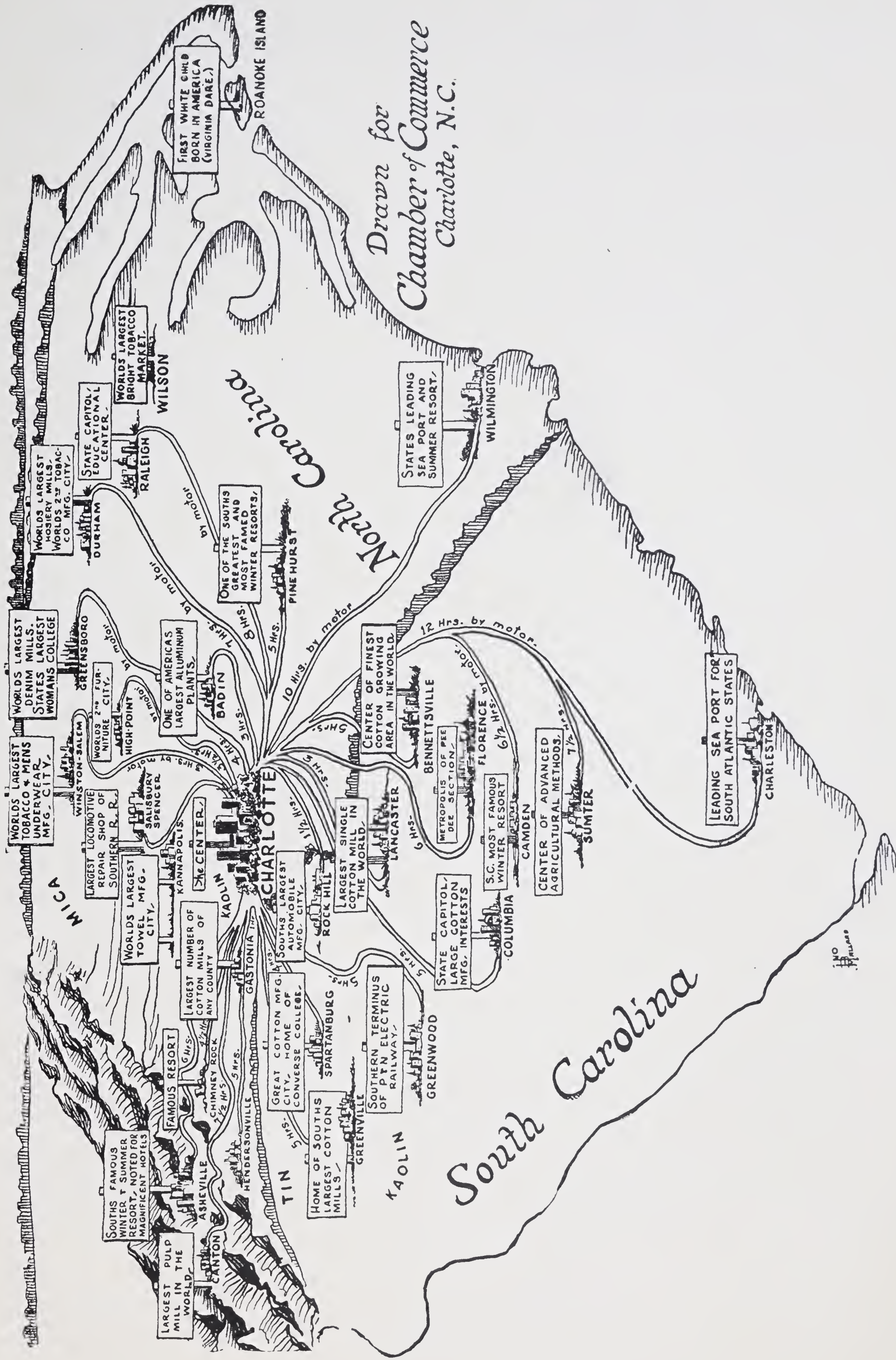
As to her liberality, reference should be made to her subscriptions for Liberty Bonds, exceeding her quota on each of the five great loans. Public subscriptions to meet the demands have been regularly made to the Y. M. C. A., the Y. W. C. A., to the Red Cross and to the Salvation Army. The statistics of the steady gifts of her people, year in and year out, would be very impressive were they readily available.

We feel confident that the clinical school of medicine of the University would be safe financially, if it put itself on the heart of wealthy and generous Charlotte. The school should not be condemned to a struggle for mere existence, nor should it be located so as to be dependent exclusively upon the State for support. Place it where it will have the greatest chance to invite private benefactions and local public support. In Charlotte, the financial strain would be less—the potential resources greater.

V. The Geographical Location of a Medical School

Should be considered from the following angles:

1. The centre of unoccupied Medical School Territory.
 2. Ease of access to Medical Students and University Officials of North Carolina.
 3. Location drawing the largest clinical material.
 4. The situation of the largest medical centre.
1. The centre of unoccupied medical school territory.—At present, there



Drawn for
Chamber of Commerce
Charlotte, N.C.

South Carolina

are medical schools around North Carolina at Richmond, Va., Charleston, S. C., Atlanta, Ga., and Nashville, Tenn. Certainly North Carolina's clinical medical school will have to compete with these schools. To obtain the advantage as to ability to draw students, the logical solution would seem to be the central point between these cities. Charlotte more nearly meets that requirement than any other city. Any clinical school situated at Chapel Hill or Durham must compete strongly with Richmond to its great disadvantage. Richmond's clinical superiority would prevent the growth of any great clinical centre near it.

2. The ease of access of medical students and university officials is a question of a little railroad fare and time in travel, a few times a year and should have a minor consideration in comparison to the vast advantages offered by the clinical possibilities of a large centre of population.

3. The location drawing the largest clinical material is of great importance in North Carolina. The drawing power of any medical centre is regional. Each centre draws from the region contiguous to it. Few patients are drawn long distances. The region, therefore, more densely populated offers the greatest possibilities. The Piedmont section of North Carolina around Charlotte is the most thickly settled part of the State. Charlotte's future growth will certainly be fast and large.

4. The situation of the largest Medical center should count much in the consideration of the location of the Clinical Medical College. The tendency of the medical colleges toward the medical centres is undisputed. The clinical medical school not in a large city is a marked exception. The medical student wants his clinical training in the medical centre with a large and varied clinical material. Charlotte with its population of 61,900 people and 211,000 in a radius of 25 miles and now drawing 40 per cent of its hospital patients from outside Mecklenburg County is by far the largest medical centre in North Carolina.

A city is the natural home of the medical school. Placed elsewhere, where the situation is artificial or induced, the anomaly always calls for comment, explanation, defense, criticism, qualification. Not so in a city. The people are there, not only its own citizens, but thousands from all parts of its territory thronging its streets, trading in its stores, filling its hospitals. Students will gather in a city. It is a "patent fact that students tend to study medicine in their own States, certainly in their own section. In general, therefore, arrangements ought to be made to provide the requisite facilities within each of the characteristic groups. There is an added advantage that local conditions are thus headed and that the general profession is at a

variety of points penetrated by educative influences.” (Medical Education in U. S. and Canada, P. 145).

Yet, it would be an unfortunate waste of resources if, while supplying adequate facilities for the needs of the unserved region, they were so placed as not to appeal to the seeker after medical education of the highest standard. Statistics show that our own students prefer to study medicine in cities. Many of these students are placed for the clinical years of their student life in these City Medical Schools by North Carolina's Medical Educators in the schools at Chapel Hill and Wake Forest, showing conclusively, we believe, that these educators encourage their own students to attend medical schools where a large number and a wide variety of clinical cases can be produced. Medical students for the year ending 1922 numbered 340 distributed among 33 schools. Of these, 213 attended medical schools in cities. Of the remainder, 110 were enrolled in the two year schools at Chapel Hill and Wake Forest, leaving only 17 out of the total of 340 attending four year schools in small towns.

Due regard must be had to this established tendency. Let us remember that students may decide to go elsewhere if the State's supported school is not intelligently placed from a clinical and geographical standpoint. Raleigh, Durham, Greensboro, and Winston-Salem are all near the northern border of the open region and just beyond are cities to which they may go, cities with larger populations and with long established medical schools of sustained reputations.

VI. A School of Dentistry for the Future

North Carolina will eventually have a School of Dentistry, and it should have a close organic relationship with the School of Medicine. As more becomes known about the influence of the teeth upon the general health, dental students must not only be taught the fundamental branches of medicine, but must take more of the clinical courses. The School of Medicine should therefore maintain close contract with the teaching of dentistry.

It has never been contended that students of dentistry could be trained outside of the city. Schools of Dentistry have been located with relation to the need of clinical instruction. Each student must be given large opportunities to learn by doing. Teachers must specialize, which means that the community must be large enough to supply each one with a sufficient number of patients in his special line

Place the Clinical School of Medicine in Charlotte and, when the State is ready to add the School of Dentistry, ideal conditions will exist for its location and no additional problem will then be presented.

VII. Relation of Location of Hospital to Teaching of Nursing

The State should take the lead, when it establishes the University Hospital, in the training of nurses. Assuming that we could persuade forward-looking young men that a substantial clinic in a small town will yield to them the same results as an abounding clinic in a populous center, the State would fall short of its duty to the people if it offered to its young women no greater advantages for the study of nursing than would be afforded by a clinical hospital thus deliberately and intentionally limited in its capacity. The location of the Clinical Medical School in Charlotte with its alrge resources would present far greater opportunities for development of clinical hospitals and consequently for the training of young women as nurses.

VIII. Charlotte Is More Desirable As a Location for the Medical School Than Chapel Hill

In this connection, we beg to say that we see no sufficient reason for uprooting the splendid first two years of the Medical School at Chapel Hill, to place all four years in some larger town. Our reason for taking this attitude is because the University up to date has been conducting with splendid results a split medical school. The chief reason why it will not continue to operate this split medical school with the same splendid results is because it is having difficulty in finding places to send its men for the last two years of its work, it being necessary to divide them up among a number of colleges in various parts of the country, not in accordance with the wishes of the students, but in accordance with the number of students each is able and willing to take.

In the early consideration of this subject Charlotte representatives visited Chapel Hill and Charlotte was visited by representatives from Chapel Hill at our earnest invitation, because of the desire to avoid the abolition of the first two years at Chapel Hill. This we were informed was imminent, as the Schools of Medicine teaching the first two years only were fast disappearing. Also there was the great difficulty of placing the students when they left Chapel Hill, as the other schools hesitated to promise to take students far ahead. Charlotte's desire, originating in the Mecklenburg Alumni Association, has always been to complete for the University its School of Medicine and so save to the State this efficient first two year Medical School. The representatives of the University visited medical experts in the North and we understood that their information was that while there were disadvantages in a split medical school, that on account of the unique conditions in North Carolina it might be feasible, permissible, and advisable to establish a split medical school.

There are, according to the American Medical Association Journal, August

19, 1922, the following split medical schools in the United States: 1. The University of California, at Berkley and San Francisco. 2. College of Medical Evangelists, at Lorra Linda and Los Angeles. 3. Stanford University School of Medicine, at Polo Alta and San Francisco. 4. University of Colorado, at Boulder and Denver. 5. Indiana University School of Medicine, at Bloomington and Indianapolis. 6. University of Kansas School of Medicine, at Lawrence and Rosedale, a suburb of Kansas City. 7. Cornell University, at Ithica and New York City. 8. University of Oklahoma, at Norman and Oklahoma City. Some of these are planning to combine, but the fact that they have existed successfully for practical reasons shows that this procedure is a possible one for North Carolina.

Earlier in this pamphlet we have called attention to the fact that the supreme consideration in deciding on the location of the clinical years of the Medical School is the clinical material. In other words, it is not possible to train physicians without having sick people for them to study. The American Medical Association insists that there be clinical material sufficient to maintain a 200 bed hospital which shall have a full variety of cases; also an out-patient department averaging 100 patients a day. Chapel Hill, itself, of course, cannot afford any such hospital or out-patient department. The people who patronize such a charitable or semi-charitable hospital or out-patient department do not have automobiles in which to be transported to Chapel Hill; also it will be impossible for such a hospital and out-patient department to receive and treat acute, infectious and contagious diseases. The department of obstetrics will be almost impossible to handle on account of the fact that in order to get sufficient maternity cases to supply the seniors, it would be necessary to allow these patients to go to Chapel Hill fully two months prior to delivery and they would have to be retained there for fully a month after delivery, which would be an enormous expenses to this State. This is assuming that these cases would go to Chapel Hill, which we consider a very violent assumption. If we assume that 300 cases would be necessary for a senior class of 50 students, which is the minimum requirement set down by the American Medical Association, and if we figure the cost of each of these patients at \$3.50 per day for 60 days, we have an expense of \$63,000.00, and, of course, this is unthinkable.

However, if we assume that it were possible to maintain the required hospital and out-patient department at Chapel Hill, there would be another enormous expense which would have to be met. In Charlotte there is a sufficient number of trained physicians who would be willing to serve as clinical teachers at low cost, whereas at Chapel Hill it would be necessary to employ these clinical teachers at a full salary, the cost of which would be enormous. In Charlotte, there are certainly a sufficient number of men who can serve as clinical teachers. The physicians in Charlotte are highly specialized along the lines and in the manner required for clinical teaching. It is to be noted also that these men are in Charlotte in large numbers and every year the number is being increased. Young men with highly

specialized training are rapidly coming to Charlotte and the body of men which can be used for the clinical teaching staff in Charlotte will be sufficiently large to enable the force to be rotated, thereby keeping the interest and enthusiasm in clinical teaching up to a high standard.

IX. Charlotte Is More Desirable As a Location for the Medical School Than West Durham

Charlotte has a population of 61,900 people, with a street car population of 54,000. This presents more sick people in Charlotte and vicinity than there are in Durham and proportionately means a greater opportunity to have a great medical school. Charlotte has a medical profession of 106. This means that Charlotte numerically could produce more teachers than Durham. In addition, the men in Charlotte are more highly specialized, showing 63 specialists. The teaching experience gotten by formerly conducting a medical school in Charlotte is another consideration to be counted for Charlotte.

By reason of the fact that Charlotte is already established as a medical centre, it will continue to draw men who have a highly specialized training. This means that, as time goes on, the number of available medical men in Charlotte to assist in the operation of the Medical College as clinical teachers or otherwise, as may be desired, will be greater and greater. Charlotte is growing rapidly. It is the centre of the textile industry of the Piedmont region and a large amount of wealth is being accumulated here. As this textile industry increases, the amount of clinical material available in Charlotte will increase. We do not foresee any such development for the city of Durham as we see for the city of Charlotte and, therefore, we do not think that a medical school located there would have anything like the future that one located in Charlotte would have.

It has been advanced as an argument in favor of West Durham that it is within 10 or 12 miles of Chapel Hill and, therefore, the administration problems will not be as great as if the clinical years were further away from the President's office. We respectfully submit, in the first place, that when the last two years are separated as far as 10 miles from the President's office, they might as well be separated as far as 150; and, in the second place, that this is a minor consideration and should have no weight when set up beside the other arguments which are of supreme importance. It is also to be noted here that, at the present time, the last two years of the Chapel Hill Medical School are now located all over the United States, being scattered all the way from New Orleans to Boston and as far West as the Pacific Ocean. For this reason, we respectfully insist that anything that may be said against

a split medical college applies to Durham with equal force as to Charlotte. One of the arguments against a split medical school is the fact that the last two years should be controlled by campus influence and University ideals. If the campus influence and University ideals at Chapel Hill are strong enough to bridge the 10 mile gap from Chapel Hill to West Durham, they certainly will be strong enough to extend to Charlotte. West Durham is certainly no more affected by the campus influence and University ideals than Charlotte is.

University spirit and ideals are transmissible. Else, why educate our students in Universities, if they cannot carry this spirit and these ideals with them through life? The converse of this proposition would have confined all progress to the spot where the first ideal originated. We believe that too much stress is being laid on the thought of physical proximity, as related to unitary administration, while the main consideration is unity of purpose and of ideals. Distance can impede or even prevent a certain commerce between different parts of the University, but it cannot prevent all parts being actuated by the same spirit.

With the University at Chapel Hill and its clinical school of medicine in Charlotte, both guided by the spirit of service to the State, both under the same control, with their policies outlined and their affairs guided by the same officials, and with the ideals of both derived from the same source, we feel certain that the interests of one would be the interests of the other.

It is worth considering, too, that the fact that the University occupies the field of Charlotte would prevent the possibility of a rival medical school being established at that location in the future.

If these clinical years are located at West Durham, we do not believe that the hospital and out-patient department will get the full benefit even of Durham's population on account of the fact that West Durham is several miles from the city of Durham and there is only a single car line operating between the two places upon which cars run at great intervals. This will render the hospital and out-patient department more or less inaccessible even to the people in Durham and, therefore, makes it problematical as to whether or not this hospital and outpatient department would be patronized even by the citizens of Durham itself.

There would be a strong competition of Richmond with the clinical school at Chapel Hill or Durham. Two of the hospitals in Richmond in the last five years treated 1,763 patients from North Carolina; 50 counties in western North Carolina contributed 186 of these, while the 50 counties in eastern North Carolina contributed 1,677. This shows the relatively dominating medical position of Richmond over northeastern Carolina. The possibility of Durham ever becoming a great medical centre is very remote on

account of the nearness to Richmond and the drawing of Richmond, Norfolk, and Raleigh in competition.

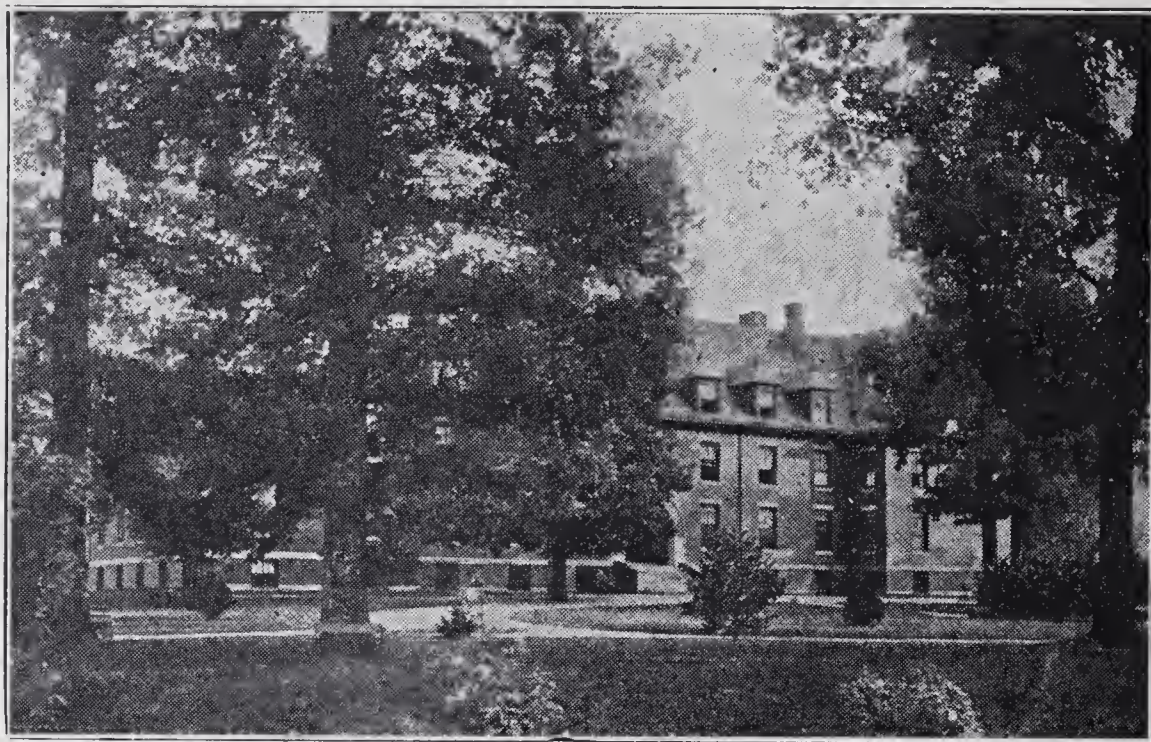
The drawing power of a hospital is strictly regional and there is no reason to think that there will be any considerable increase in the number of sick people in the territory of either Chapel Hill or Durham. The Chapel Hill-Durham territory will always be limited on the north by Richmond, on the east by Raleigh and on the west by Greensboro; each of which places probably draws patients from Orange and Durham Counties. To overcome this the University will have to offer very much better medical and surgical service than can be obtained in Raleigh, Richmond or Greensboro, which seems wholly improbable, or they will have to offer similar service free at a tremendous expense to the State.

As bearing on Durham's future possibilities, it is to be noted that it is served by only three railroads, each one of which is a branch line.

The President of the University of Tennessee has said that by having the Medical School established in Memphis, away from the University, the influence of the University is made stronger in that locality. The contention is made that by placing the Clinical Medical School at Charlotte the interest in the University would be intensified in this populous Piedmont Section. This should give the people of this section the ideals of the University. It should give to the University more of the financial support and the legislative influence of this section.

In this connection Dr. Arthur Dean Bevan, who is one of the best known and most experienced medical educators in the country, and who is Chairman of the Council on Medical Education of the American Medical Association, has this year declared:

"The medical school should be located in and about the hospital and the dispensary because it is here that we can have access to the patient who is the object of our study. The opposite point of view, that the sciences of anatomy and physiology, pharmacology and pathology together form the science of medicine and that medicine is simply the application of these sciences, and that because of that fact the medical school should be located at the University, in touch with these departments, is not sound and should not be considered by University trustees in organizing and locating the medical department."



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